

APPENDIX A: PROPOSAL COVER

PROPOSAL NUMBER: \_\_\_\_\_  
(To Be Completed by ONR Only)

Submitted to ONR's YOUNG INVESTIGATOR PROGRAM (FY 2002)

1. THE PROPOSAL:

\_\_\_\_\_  
Title of the Proposal (Please be brief and descriptive)

\_\_\_\_\_ to \_\_\_\_\_  
Total Funds Requested from ONR Proposed Research Period (3 years)

2. THE PRINCIPAL INVESTIGATOR:

\_\_\_\_\_  
Title First Name MI Last Name Phone Number (including Area Code)

\_\_\_\_\_  
Department/Division E-mail Address

\_\_\_\_\_  
Institution Fax Number

\_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_  
City State Zip Code

Current ONR Grantee? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, list Technical Monitor: \_\_\_\_\_

Eligibility (check those that apply):

Principal Investigator is: \_\_\_ U.S. Citizen or National \_\_\_ Permanent resident of U.S. (Alien# \_\_\_\_\_)

\_\_\_ Principal Investigator will be considered for tenure.

\_\_\_ Principal Investigator holds a permanent position.

\_\_\_ Date printed on Ph.D. (or equivalent) diploma is on or after 1 November 1996.

\_\_\_\_\_  
Signature of Principal Investigator

3. SIGNATURES OF OTHER OFFICIALS: Use this space for printed names, titles, and  
signatures of other officials (e.g., Department Head or Dean) approving the submission of this proposal.

\_\_\_\_\_

\_\_\_\_\_

4. NAMES (to be used for courtesy notification of Young Investigator awards) of:

\_\_\_President (or \_\_\_Chancellor or \_\_\_Provost if there is no on-campus President)

Dr/Mr/Ms	First Name	MI	Last Name
Address		(Street/P.O. Box/Building)	
City		State	Zip Code

Dean (if applicable):

Dr/Mr/Ms, First Name MI Last Name, Title of Position, including name of College/School

Department Chair/Head or Supervisor:

Dr/Mr/Ms	First Name	MI	Last Name	Title of Position, including name of Dept.
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5. CERTIFICATIONS: By signing and submitting the proposal, the proposer is providing the: (1) Certification at Appendix A to 32 CFR Part 25 regarding debarment, suspension, and other responsibility matters; (2) Certification at Appendix C to 32 CFR Part 25 regarding drug-free workplace requirements; and (3) Certification at Appendix A to 32 CFR Part 28 regarding lobbying.

6. SIGNATURE OF OFFICIAL AUTHORIZED TO OBLIGATE CONTRACTUALLY:

\_\_\_\_\_  
Institution's Proposal Number

Signature (please use blue ink)	Title of Position	Date
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Dr/Mr/Ms	First Name	MI	Last Name	Phone Number (including Area Code)
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\_\_\_\_\_  
Legal Name of Institution

\_\_\_\_\_  
Address (P.O. Box Numbers Cannot be Accepted)

City	State	Zip Code
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